| Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)  | Type or print in it   | nk.  | Pate Stamp   | TG/AMPORIN<br>2007/02<br>ED 340RWF   | COVERPAGE   |
|--|---|--|--|--|---|
|  | Statement covers period from 10/01/2006   | Date of election if applicable: (Month, Day, Year)                             | CITY CLER  | 7%   | al Use Only   |
| SEE INSTRUCTIONS ON REVERSE  | through 10/21/2006  | 11/07/2006   | CITY OF LO   | )DI  |   |
| 1. Type of Recipient Committee: All Commit   | ttees - Complete Parts 1,2,3, and 4.  | 2. Type of Statem  | ent:   | Approximation of the second of | nanganan da Silatat da PP nan an mangan da mangalan Silatat PP na gapaban d                                     |
| Officeholder, Candidate Controlled Committee     O State Candidate Election Committee     O Recall     (Also Complete Part 5.)     General Purpose Committee     O Sponsored     O Small Contributor Committee     O Political Party/Central Committee | Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.) | ☐ Pre-election State ☐ Semi-annual State ☐ Termination State ☐ Amendment (Expl | ement<br>ment  | Quarterly State Special Odd-Ye Supplemental F Statement - Atta   | ear Report<br>Preelection   |
| 3. Committee Information   | I.D.NUMBER  | Treasurer(s)   |  |  |   |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Lodi Residents for Katzakian   |   | NAME OF TREASURER<br>Christine Katzakian                                       | mangad militari pangan panan pangangan di Manandari Pangangan pangan pangan pangangan pang |  | assuutras distillisistelet Puragonia vannadassit Artiffika asus an  |
| STREET ADDRESS (NO P.O. BOX) 48 River Pointe Circle  | остипальный при доста и подости на при  | MAILING ADDRESS 48 River Points Circle   |  | Дууду адарын айманга байуун адар унациялар аймантуудын ана анадаралын аладаралын аладаралын аладаралын алад  | Marrier and State States and Annual Annua |
| CITY STATE ZIP COI<br>Lodi CA 95240  |   | city<br>Lodi   | STATE<br>CA  | ZIP CODE AF<br>95240   | REA CODE/PHONE  |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO   | OX  | NAME OF ASSISTANT TREASU   | RER, IF ANY  |  |   |
| CITY STATE ZIP CO  | DE AREA CODE/PHONE  | MAILING ADDRESS  | 1945-1946-1946-1946-1946-1946-1946-1946-1946   | Parameter and Administration and a second sec   | granden kontroller (1904-1904), elem den del-henryk ellen krist hygen nyene                                     |
| OPTIONAL: FAX/E-MAIL ADDRESS   |   | CITY   | STATE  | ZIP CODE AF  | REA CODE/PHONE  |
|  |   | OPTIONAL: FAX/E-MAIL ADDR  | ESS  | Matter state of the Theory and the Control of the C |   |
| 4. Verification I have used all reasonable diligence in preparing and is true and complete. I certify under penalty of perjure Executed on 10/26/2006 By Mr.  Executed on 10/26/2006 By Mr.  DATE By Mr.  SIGNATURE OF CO.                             | ry under the laws of the State of Ca<br>rs. Chris Katzakian<br>SIGNATURE OF TREASURER OF  | Highria that the foregoing is true   | e and correct.   | erein and in the attach  | ed schedules  |
| Executed on By   | or Figure Children Children Child   | THE MENDONE I THE ONE HE SHOUS!  | DIE OFFICER OF SPONSOR   |  |   |

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

DATE

DATE

Executed on.

Executed on\_

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

Recipient Committee Campaign Statement Cover Page - Part 2 COVER PAGE - PART 2

GALIEURINA

EORVI.

2/13

| . Officeholder or Candidate Controlle  | ed Committe  | ee                           |  | 6. | Ballot Measure Com              | mittee   |                |  |  |
|--|--|------------------------------|--|----|---------------------------------|--|----------------|--|--|
| NAME OF OFFICEHOLDER OR CANDIDATE<br>Mr. Phil Katzakian  | e a principal de la comitación de la comit |                              |  |    | NAME OF BALLOT MEASURE          | and the second section of the sect |                | and the second section of the second sec |  |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST<br>Sought: City Col<br>City of L  | uncil  | PPLICAB                      | ILE)   |    | BALLOT NO. OR LETTER            | JURISDICTION   | N              | 1  | SUPPORT<br>OPPOSE  |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  | CITY   | STATE                        | ZIP  |    | Identify the controlling office | holder, candi  | date, or state | measure prop   | onent, If any.   |
| 48 River Pointe Circle   | Lodi   |                              | 95240-0566   |    | NAME OF OFFICEHOLDER, CAND      | IDATE, OR PRI  | OPONENT        |  | anga di Maringuan wanang sa sakang pa Marin Marin da da sa |
| Related Committees Not Included in this 3 not included in this statement that are controlled by you or a contributions or to make expenditures on behalf of your can | are primarily formed   |                              |  |    | OFFICE SOUGHT OR HELD           |  |                | DISTRICT NO. IF  | ANY  |
| COMMITTEE NAME   | I.D.NUMBER   | ensimma en minigari de estr. | nakamining ang ang ang ang ang ang ang ang ang a   | 7. | Primarily Formed Co             |  | List names     | of officeholder(s)   | or candidate(s) for  |
| NAME OF TREASURER  | CONTROLLED   | СОММ                         |  |    | NAME OF OFFICEHOLDER OR CA      | ANDIDATE   | OFFICE SOU     | GHT OR HELD  | SUPPORT OPPOSE   |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.C   |  | AREA C                       | ODE/PHONE  |    | NAME OF OFFICEHOLDER OR CA      | ANDIDATE   | OFFICE SOU     | GHT OR HELD  | SUPPORT OPPOSE   |
| COMMITTEE NAME   | I.D.NUMBER   |                              | And de Control of the |    | NAME OF OFFICEHOLDER OR CA      | ANDIDATE   | OFFICE SOU     | GHT OR HELD  | SUPPORT OPPOSE   |
| NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.C.   | CONTROLLED   | COMM                         |  |    | NAME OF OFFICEHOLDER OR CA      | ANDIDATE   | OFFICE SOU     | GHT OR HELD  | SUPPORT OPPOSE   |
|  |  | AREA C                       | CODE/PHONE   |    | Attach                          | continuation   | sheets if ne   | cessary  | igendi em ganagang ang atra em da saya a sepandan  |

# Campaign Disclosure Statement Summary Page

Type or print in ink, Amounts may be rounded to whole dollars.

| SU | MMARY | PAGE |
|----|-------|------|
|    |       |      |

Statement covers period 3/13 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lodi Residents for Katzakian

| Contributions Received  | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)   | COLUMN B<br>CALENDAR YEAR<br>TOTAL TO DATE   | Calendar Year Summary for Candidates<br>Running in Both the State Primary and<br>General Elections   |
|---|--|--|--|
| 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 7 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4  Expenditures Made  6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 7 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 | \$ 4458.00<br>0.00<br>\$ 4458.00<br>0.00<br>4458.00<br>\$ 4395.52<br>0.00<br>\$ 4395.52<br>0.00<br>0.00  | \$ 1650.80<br>\$ 11146.80<br>0.00<br>\$ 11146.80<br>\$ 6046.32<br>0.00<br>\$ 6046.32<br>0.00<br>0.00   | 20. Contribution Received \$ 0.00 \$ 0.00  21. Expenditures Made \$ 0.00 \$ 0.00  Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy) |
| Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.   | \$ 4395.52<br>\$ 5038.00<br>4458.00<br>0.00<br>4395.52<br>\$ 5100.48   | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filled | \$\$\$\$\$\$\$\$   |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents   | expelled in model field. If we find the control section in the contr | for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).   | "Since January 1, 2001. Amounts in this section may different from amounts reported in Column B.  FPPC Form 460 (June/0 FPPC Toll-Free Helpline: 866/ASK-FPF   |

## Schedule A

Type or print in ink. Amounts may be rounded

|                    | SCHEDULE                             |
|--------------------|--------------------------------------|
| <br>CHECKE CHICAGO | Laid rosciasmonarione Resources a co |

| ionetary (                      | Contributions Re   | ceived   |                                   | nts may be rounded whole dollars.  | Statement cover                   | ers period                                   |          |  |
|---------------------------------|--|--|-----------------------------------|--|-----------------------------------|--|----------|--|
| EE INSTRUCTION                  | IS ON REVERSE  |  |                                   |  | through                           |  |          | 4 / 13   |
| IAME OF FILER<br>Lodi Residents | for Katzakian  |  |                                   |  |                                   |  | I.D. No  | ımber  |
| DATE<br>RECEIVED                | AND ZIP COD  | MAILING ADDRESS<br>E OF CONTRIBUTOR<br>E, ALSO ENTER LD. NUMBER) | CONTRIBUTOR<br>CODE *             | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO<br>CALENDAR Y<br>(JAN. 1 - DEC | EAR      | PER ELECTION<br>TO DATE<br>(IF REQUIRED)   |
| Rept Dt:<br>10/02/2006          | Garry Duncan<br>P.O. Box 1066<br>Woodbridge, C                   | A 95258  | X IND<br>COM<br>OTH<br>PTY<br>SCC | ***REAL ESTATE LICENSEE Self-Employed  | 100.00                            | 10   | 00.00    | and descriptions where the second sec |
| Rcpt Dt:<br>10/02/2006          | Marlo Kerner Design<br>P.O. Box 1890<br>Lodi, C<br>ID:           | A 95241  | UND COM OTH PTY SCC               |  | 100.00                            | 10   | 00.00    |  |
| Rept Dt:<br>10/05/2006          | Steven Reeves<br>1532 E. Woodbridge R<br>Woodbridge, C<br>ID:    | coad<br>CA 95258   | IND COM OTH PTY SCC               | ***INSURANCE BROKER  Acordia of California   | 100.00                            | 10   | 00.00    |  |
| Ropt Dt:<br>10/06/2006          | Michael Schmierer<br>700 S. Fairmont Avenu<br>Lodi, C            | ue<br>A 95240  | X IND<br>COM<br>OTH<br>PTY<br>SCC | ***DENTIST Self-Employed   | 250.00                            | 2:   | 50.00    |  |
| Rept Dt:<br>10/09/2006          | David Kirsten<br>P:O. Box 2607<br>Lodi, O.                       | CA 95241   | IND COM OTH PTY SCC               | ***SMALL BUSINESS  Kirsten Company, LLC  | 100.00                            |  | 00.00    |  |
|                                 |  |  |                                   | SUBTOTAL   | \$                                |  |          |  |
| i. Amount rec                   | A Summary<br>seived this period - cont<br>Schedule A subtotals.) | ributions of \$100 or more.                                      |                                   | \$   |                                   | 11   |          |  |
| 2. Amount rec                   | ceived this period - unite                                       | emized contributions of less                                     | than \$100                        | \$   | 669.00                            |  | TH- Othe |  |
|                                 | etary contributions recei  | yed this period.   | Column A Line                     | 1) TOTAL C   | 4458.00                           |  |          | all Contributor Committee  |

FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

| Schedule | A             |          |
|----------|---------------|----------|
| Monetary | Contributions | Received |

Type or print in ink.
Amounts may be rounded to whole dollars.

|                         | SCHEDULE A       |
|-------------------------|------------------|
| Statement covers period | DATE BOOK OF SAN |
| from                    |                  |
| through                 | 5/13             |

| SEE INSTRUCTIONS ON REVERSE     |  |                                   |  | through  |  | 5 / 13           |   |  |  |
|---------------------------------|--|-----------------------------------|--|--|--|------------------|---|--|--|
| NAME OF FILER<br>Lodi Residents |  |                                   |  | Sampanthapan |  | I.D. Number      |   |  |  |
| DATE<br>RECEIVED                | FULL NAME, MAILING ADDRESS<br>AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER L.D. NUMBER)                                  | CONTRIBUTOR<br>CODE *             | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PEIRIOD   | CUMULATIVE TO<br>CALENDAR YO<br>(JAN. 1 - DEC. | EAR              | PER ELECTION<br>TO DATE<br>(IF REQUIRED)                  |  |  |
| Rcpt Dt;<br>10/11/2006          | Daniel Phelps<br>1170 Green Oaks Way<br>Lodi, CA 95240-0427<br>ID:   | IND COM OTH PTY SCC               | ***CPA Bowman & Co.  | 189.00   | 18   | 9.00             |   |  |  |
| Rept Dt:<br>10/11/2006          | CREPAC/BORPAC<br>525 S. Vigil Avenue<br>Los Angeles, CA 90020<br>ID: 890106  | IND X COM OTH PTY SCC             |  | 1500.00  | 150  | 00.00            |   |  |  |
| Rept Dt:<br>10/13/2006          | Timothy Ray<br>4638 Camden Court<br>Stockton, CA 95212<br>ID:  | X IND<br>COM<br>OTH<br>PTY<br>SCC | ***FARMER San Tomo   | 150.00   | 25   | 50.00            |   |  |  |
| Rcpt Dt:<br>10/13/2006          | Timothy Ray<br>4638 Camden Court<br>Stockton, CA 95212<br>ID:  | X IND COM OTH PTY                 | ***FARMER San Tomo   | 100.00   | 25   | 60.00            |   |  |  |
| Rcpt Dt:<br>10/14/2006          | David Marshall<br>200 N. Orange Avenue<br>Lodi, CA 95240<br>ID:  | X IND COM OTH PTY SCC             | ***ATTORNEY  Self-Employed   | 100.00   |  | 00.00            |   |  |  |
|                                 | SUBTOTAL \$  |                                   |  |  |  |                  |   |  |  |
| Amount rec<br>(include all      | A Summary ceived this period - contributions of \$100 or more. Schedule A subtotals.)  |                                   |  |  | 0  | (ot)<br>TH- Othe | vidual<br>cipient Committee<br>her than PTY or SCC)<br>er |  |  |
|                                 | Total monetary contributions received this period.  (Add Lines 1 and 2 Enter here and on the Summary Page Column A Line 1)  TOTAL \$ |                                   |  |  |  |                  |   |  |  |

FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

| Schedule A                      |  |                        | e or print in ink.  | SCHEDULE A                        |  |            |  |  |
|---------------------------------|--|------------------------|---|-----------------------------------|--|------------|--|--|
| Monetary Contributions Received |  |                        | nts may be rounded whole dollars.   | Statement cove                    | ers period   | SOUTH TOUR |  |  |
| SEE INSTRUCTION                 | and the state of t |                        |   | through                           | and a superior and a |            | 6/13                                     |  |
| NAME OF FILER<br>Lodi Residents | for Katzakian  |                        |   |                                   |  | I.D. N     | umber                                    |  |
| DATE<br>RECEIVED                | FULL NAME, MAILING ADDRESS<br>AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CONTRIBUTOR<br>CODE *  | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO<br>CALENDAR Y<br>(JAN. 1 - DEC   | EAR        | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |  |
| Rcpt Dt:<br>10/15/2006          | Ctaig Schmidt<br>1167 Westbridge Drive<br>Lodi, CA 95242<br>ID:  | IND COM OTH PTY        | ***MANAGER  Diede Construction  | 100.00                            | 10   | 0.00       |  |  |
| Rcpt Dt:<br>10/17/2006          | Bennett Development, Inc.<br>P.O. Box 1597<br>Lodi CA 95241<br>ID:   | IND COM  OTH  PTY  SCC |   | 1/000,00                          | 100  | 00.00      |  |  |

|  | SUBTOTAL \$ | 3789.00 |   |
|--|-------------|---------|---|
| Schedule A Summary  1. Amount received this period - contributions of \$100 or more.  (Include all Schedule A subtotals.)      | \$          |         | *Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) |
| 2. Amount received this period - unitemized contributions of less than \$100   | \$          |         | OTH- Other PTY - Political Party  |
| Total monetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A. Line 1.) | TOTAL \$    |         | SCC - Small Contributor Committee   |

SCHEDULE B - PART 1 Type or print in ink. Schedule B - Part 1 Statement covers period Amounts may be rounded GALIFORNIA **Loans Received** to whole dollars. EORM 7/13 through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Lodi Residents for Katzakian (b) AMOUNT RECEIVED (g) CUMULATIVE (f) ORIGINAL (a) OUTSTANDING (e) (d) OUTSTANDING (e) INTEREST IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE PAID THIS OCCUPATION AND EMPLOYER OR FORGIVEN BALANCE AT AMOUNT OF CONTRIBUTIONS BALANCE OF LENDER (IF SELF-EMPLOYED, ENTER **BEGINNING THIS** THIS PERIOD THIS PERIOD CLOSE OF THIS PERIOD LOAN TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) PERIOD PERIOD CALENDAR YEAR X PAID Ms Chris Katzakian 1650.80 0.00 48 River Pointe Circle PER ELECTION\*\* RATE FORGIVEN Lodi CA 95240 07/15/2006 0.00

DATE DUE

SCC-Small Contributor Committee

DATE INCURRED

FPPC Toll-Free Helpline: 866/ASK-FPPC

☑IND ☐ COM ☐ OTH ☐ PTY ☐ SCC

IND-Individual

COM-Recipient Committee (other than PTY or SCC)

| SU  | JBTOTALS                                       | \$                                      | 0.00 \$  | 1650.80 \$   | 0.00 \$  | 0.00 |  |
|---|--|---|--|--|--|------|--|
| Schedule B Summary  1. Loans received this period.  (Total Column (b) plus unitemized loans less than \$100.)   |  |   |  | \$   | 0  |      | (Enter (e) on<br>Schedule E, Line 3)   |
| Loans paid or forgiven this period  (Total Column (c) plus loans under \$100 paid or forgiven.)  (Include loans paid by a third party that are also itemized on Schedul | le A.)   |   | -  | \$   | 1650   | .80_ | * Amounts forgiven or paid by<br>another party also must be<br>reported on Schedule A. |
| Net change this period. (Subtract Line 2 from Line 1.)  Enter the net here and on the Summary Page, Column A, Line 2.   | eringing the transport of the second transport |   |  | Net \$   | -1650<br>(may be a negative n  |      | ** If required.  |
| *Contributor Codes  |  | *************************************** | and administrative agranging of the second s | nga katalan dahan kanangan pangan | The second secon | 1    | EPPC Form 460 / June/01  |

PTY-Political Party

OTH-Other

Type or print in lnk. Amounts may be rounded

| Statement covers period | SCHEDULE<br>E-AUTORIA / LOCA<br>E-DRILLE / LOCA |
|-------------------------|---|
| through                 | 8/13  |
|                         | I.D. NUMBER                                     |

| Payments Made to whole dollars.   |   |  | from   |               |   |  |                                       |
|---|---|--|--|---------------|---|--|---------------------------------------|
| SEE INSTRUCTIONS ON REVERSE   |   |  |  |               | through                                       |  | 8 / 13                                |
| NAME OF FILER   |   | -  |  |               |   | I.D. NU  | MBER                                  |
| Lodi Residents for Katzakian  |   |  |  |               |   |  |                                       |
| CODES: If one of the following codes accurately describes   | the pay                                       | ment, you r  | nay ente   | the code. Oth | erwise, describe                              | the payment.   |                                       |
| CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings  | MTG<br>OFC<br>PET<br>PHO<br>POL<br>POS<br>PRO | member con<br>meetings an<br>office expen<br>petition circu<br>phone banks<br>polling and s<br>postage, del<br>professional<br>print ads   | d appearan<br>ses<br>dating<br>s<br>survey rese<br>ivery and n | ces           | RFD<br>SAL<br>TEL<br>TRC<br>TRS<br>TSF<br>VOT | radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and mea staff/spouse travel, lodging, and m transfer between committees of the voter registration information technology costs (inter | ls<br>eats<br>e same candidate/sponso |
| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER LD. NUMBER)  |   |  | CODE   | OR            | DESCRIPTION OF                                | PAYMENT  | AMOUNT PAID                           |
| Albertson's<br>530 W. Lodi Avenue   | ID:   |  | FND  |               |   |  | 11.08                                 |
| Lodi, CA 95240  |   | and the second of the second o |  |               |   |  |                                       |
| Albertson's<br>530 W. Lodi Avenue   | ID:   |  | FND  |               |   |  | 160.00                                |
| Lodi. CA 95240  |   |  |  |               |   |  |                                       |
| Albertson's<br>530 W. Lodi Avenue   | ID:   |  | FND  |               |   |  | 24.57                                 |
| Lodi. CA 95240  |   |  |  |               |   |  |                                       |
| * Payments that are contributions or independent expenditures must  | also be                                       | summarized   | on Schedu  | ıle D.        |   | SUBTOTAL   | .\$                                   |
| Schedule E Summary  |   |  |  |               |   |  |                                       |
| 1. Payments made this period of \$100 or more. (Include all   | Schedi  | ule E subtot   | tals.) .   | **********    | ************                                  | \$   | 4282.86                               |
| 2. Uniternized payments made this period of under \$100.  | *****   |  | **********   |               |   | \$   | 112.66                                |
| Total interest paid this period on loans. (Enter amount from the second se |   | - 1 - NO Y - 1 - 1 -   |  | 211111        |   | \$   | 0.00                                  |
| 4. Total payments made this period. (Add lines 1, 2, and 3.   |   |  |  |               |   |  |                                       |

| Schedule E Payments Made Type or print in ink. Amounts may be rounded to whole dollars.  |   |   |  | Stat           | ement covers period  | SCHEDULE E   |   |                            |
|--|---|---|--|----------------|--|--|---|----------------------------|
| SEE INSTRUCTIONS ON REVERSE  |   |   | through  | 1              | 9/   | 13   |   |                            |
| NAME OF FILER  |   | epitera a taliant in termini <sub>terminina</sub> ara-na gentra ga kanggan  |  |                | L  |  | I.D. NUME   | BER                        |
| Lodi Residents for Katzakian   |   |   |  |                |  |  |   |                            |
| CODES: If one of the following codes accurately describes the  | he paym   | nent, you n   | nay enter  | the code. Othe | rwise, describ   | e the payment.   |   |                            |
| CMP campaign paraphernalia/mlsc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | MTG<br>OFC<br>PET<br>PHO<br>POL<br>POS<br>PRO   | member com<br>meetings and<br>office expens<br>petition circu<br>phone banks<br>polling and s<br>postage, deli<br>professional<br>print ads | d appearand<br>ses<br>lating<br>survey resea<br>livery and m | ces            | RFD<br>SAL<br>TEL<br>TRC<br>TRS<br>TSF<br>VOT  | radio airtime and product returned contributions campaign workers' salar t.v. or cable airtime and candidate travel, lodging staff/spouse travel, lodgit transfer between commit voter registration information technology of  | ies<br>production co<br>, and meals<br>ng, and meal<br>ttees of the s | ls<br>ame candidate/sponso |
| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  |   |   | CODE   | OR             | DESCRIPTION O  | FPAYMENT   |   | AMOUNT PAID                |
| All Sports<br>2370 Maggio Circle   | ID:   |   | CMP  |                |  |  |   | 215.50                     |
| Lodi. CA 95242   |   |   |  |                | and the gas accompany on the state of the gas and the state of the sta |  |   |                            |
| Kellen Design<br>9641 Cedar Oak Way  | ID:   |   | CMP  |                |  |  |   | 800.00                     |
| Elk Grove, CA 95757  |   |   |  |                |  |  |   |                            |
| Kellen Design<br>9641 Cedar Oak Way  | ID:   |   | CMP  |                |  |  |   | 500.00                     |
| Elk Grove, CA 95757  |   |   |  |                |  | ada an ang ang kang 18 M ang   |   |                            |
| * Payments that are contributions or independent expenditures must a   | also be s   | ummarized   | on Schedu  | le D.          |  | SU   | BTOTAL \$   |                            |
| Schedule E Summary   | Total Control of the |   |  |                |  | And the second of the second o | And the second second second second                                   |                            |
| 1. Payments made this period of \$100 or more. (Include all \$   | Schedul   | le E subtol   | als.) ,.   |                |  |  | \$  | y = 1 y +                  |
| 2. Unitemized payments made this period of under \$100.  | ******  | **********  | ***********  | **********     | ***********  |  | \$  |                            |

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

# Schedule E Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

|                         | SCHEDULE E  |
|-------------------------|-------------|
| Statement covers period |             |
| from                    |             |
| through                 | 10 / 13     |
|                         | I.D. NUMBER |

| SE INSTRUCTIONS ON REVERSE   |  |  |                   |   |   | 10   | /13  |  |
|--|--|--|-------------------|---|---|--|--|--|
| NAME OF FILER  | Annuels and Annuel | and the state of t |                   |   |   | I.D. NUMBI   | ER   |  |
| Lodi Residents for Katzakian   |  |  |                   |   |   |  |  |  |
| CODES: If one of the following codes accurately describes  | the payment, you   | may enter th   | ne code. Otherwis | e, describe   | the payment.                            | The second secon | ***************************************  |  |
| CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads   |  |                   | RAD radio airtime and producti RFO returned contributions SAL campaign workers' salaric TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodgir TSF transfer between commit VOT voter registration WEB information technology or |   |  | ries<br>production costs<br>I, and meals<br>ing, and meals<br>ittees of the same candidate/sponsor   |  |
| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER LD. NUMBER)   |  | CODE   | R DE:             | SCRIPTION OF  | PAYMENT                                 |  | AMOUNT PAID  |  |
| L. W. Barrett Co.<br>P.O. Box 19430  | ID:  | CMP  |                   | e terreta, e i maj rijak dina dini kena pengangan pendikan  |   |  | 167.40   |  |
| Denver, CO 80219-0430  |  |  |                   |   |   |  |  |  |
| L. W. Barrett Co.<br>P.O. Box 19430  | 1D:  | СМР  |                   |   |   |  | 74.22  |  |
| Denver. CO 80219-0430  |  |  |                   |   |   |  |  |  |
| Lodi Chamber of Commerce<br>35 S. School Street  | 1D:  | CVC  |                   | en e  |   |  | 200.00   |  |
| Lodi, CA 95242   |  |  |                   |   |   |  |  |  |
| * Payments that are contributions or independent expenditures mus  | t also be summarized   | on Schedule  | D.                | да, в се на причения до на постоя до на посто  | SUB                                     | STOTAL \$  |  |  |
| Schedule E Summary   | And the second s |  |                   | g ka at til gygn i fra fled gift gift at til gift ga ga gann ann ar skilled gift g  |   |  | терите при стор в под в поставления в под в<br>В под в   |  |
| 1. Payments made this period of \$100 or more. (Include all  | Schedule E subto   | tals.)   |                   | ,   | **************                          | \$   | NAMENTO CONTRACTOR CON |  |
| 2. Unitemized payments made this period of under \$100.  |  |  |                   |   |   |  |  |  |
| 3. Total interest paid this period on loans. (Enter amount fr  | om Schedule B, Pa  | art 1, Colum   | n (e).)           |   | *************************************** | \$   |  |  |
| 4. Total payments made this period. (Add lines 1, 2, and 3.  |  |  |                   |   |   |  |  |  |

## Schedule E Payments Made

Type or print in ink, Amounts may be rounded

|                         | SCHEDULE E  |
|-------------------------|-------------|
| Statement covers period |             |
| from                    |             |
| through                 | 11/13       |
|                         | I.D. NUMBER |
|                         |             |

| Tayments made  | to whole dollars.                             |   |  |       |  |  |   |  |                              |
|--|---|---|--|-------|--|--|---|--|------------------------------|
| SEE INSTRUCTIONS ON REVERSE  |   |   |  |       |  | throu  | gh  | . 11   | 1/13                         |
| NAME OF FILER  |   |   |  |       |  |  |   | I.D. NUM   | BER                          |
| Lodi Residents for Katzakian   |   |   |  |       |  |  |   |  |                              |
| CODES: If one of the following codes accurately describes  | the payı                                      | ment, you n   | nay ente   | r the | code. Othe   | rwise, descr   | ibe the payment.  |  |                              |
| CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | MTG<br>OFC<br>PET<br>PHO<br>POL<br>POS<br>PRO |   | d appearar<br>ses<br>liating<br>s<br>survey rese<br>livery and n | arch  |  | RF<br>SA<br>TE<br>TR<br>TR<br>TS   | L campaign workers' sala<br>L t.v. or cable airtime and<br>C candidate travel, lodging<br>S staff/spouse travel, lodg | ries<br>production of<br>g, and meals<br>jing, and mea<br>ittees of the s      | uls<br>same candidate/sponso |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)  |   |   | CODE   | OR    | 1  | DESCRIPTION  | OF PAYMENT  |  | AMOUNT PAID                  |
| Lodi Chamber of Commerce<br>35 S. School Street  | ID:   |   | CVC  |       |  | and the second s |   |  | 20.00                        |
| Lodi,CA 95242  |   | gardina di Salamania |  | 4     |  |  |   |  |                              |
| Lodi Flame Foundation<br>P.O. Box 848  | ID:   |   | CVC  |       |  |  |   |  | 100.00                       |
| Lodi, CA 95241   | -   |   |  |       | and the state of t | anidag <sub>ang</sub> karan ang karanika (Pila Pila Daga <del>kali</del> yang pang pang kata daggan ka   |   | alkali <sub>delik</sub> asionen ja paraksi paraksi kalikula (sa pasapasa arabi |                              |
| Lodi Printing Company 2 Louie Avenue   | ID:   |   | LIT  |       |  |  |   |  | 1600.09                      |
| Lodi,CA 95240  |   |   |  |       |  |  |   |  |                              |
| * Payments that are contributions or independent expenditures must   | also be                                       | summarized  | on Schedu  | ule C | ).   |  | s   | UBTOTAL S  | \$                           |
| Schedule E Summary   |   |   |  |       |  |  |   |  |                              |
| 1. Payments made this period of \$100 or more. (Include all  | Schedu  | le E subto  | tals.) .   |       | 41,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | \$   |                              |
| Unitemized payments made this period of under \$100.   |   |   |  |       |  |  |   | \$   |                              |
| Total interest paid this period on loans. (Enter amount fro  |   |   |  |       | w ***  |  |   |  |                              |

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

### Schedule E **Payments Made**

Type or print in ink. Amounts may be rounded to whole dollars.

|                         | SCHEDULE B  |
|-------------------------|-------------|
| Statement covers period |             |
| from                    |             |
| through                 | 12/13       |
|                         | I.D. NUMBER |

|  | w   | Miloie nough                                | •                                       | from   |  |  |
|--|---|---|---|--|--|--|
| SEE INSTRUCTIONS ON REVERSE  |   |   |   | through  | 12   | / 13   |
| NAME OF FILER  | hirandraminikussummuningan (militellummungang-grifterasidak geogra  |   |   | AND THE RESIDENCE OF THE PARTY  | I.D. NUMB  | ER   |
| Lodi Residents for Katzakian   | , , , , , , , , , , , , , , , , , , ,   |   |   |  |  |  |
| CODES: If one of the following codes accurately describes  | the payment, you  | may enter t                                 | he code. Othe                           | rwise, describe the payment  |  |  |
| CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | MBR member commeetings at OFC office expense PET petition circle PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads | nd appearance nses ulating is survey resear | ch<br>ssenger services                  | RAD radio airtime and returned contribution of the return of the re | utions rs' salaries me and production co lodging, and meals rel, lodging, and meals committees of the sa | s<br>ame candidate/sponso  |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)  |   | CODE  | OR                                      | DESCRIPTION OF PAYMENT   |  | AMOUNT PAID  |
| Lodi Street Faire<br>35 S. School Street   | ID:   | cvc   |   |  |  | 100.00   |
| Lodi Street Faire 35 S. School Street  | ID:   | cvc   |   |  |  | 150.00   |
| LodiCA 95240   |   |   |   |  | MP-0 (12) - 12 - 12 - 12 - 12 - 12 - 12 - 12 -   |  |
| Taste of Lodi<br>2545 W. Turner Road   | ID:   | FND   |   |  |  | 160.00   |
| Lodi. CA 95240   |   |   |   | g the holy life was you are his control of high control of the con |  |  |
| * Payments that are contributions or independent expenditures must   | t also be summarized  | on Schedule                                 | D.                                      |  | SUBTOTAL \$  | 4282.86  |
| Schedule E Summary   |   |   |   |  |  |  |
| 1. Payments made this period of \$100 or more. (Include all  | Schedule E subto  | otals.)                                     | *************************************** |  | \$   | and the state of t |
| 2. Unitemized payments made this period of under \$100.  | ******  |   |   |  | \$   |  |
| 3. Total interest paid this period on loans. (Enter amount fr  | om Schedule B, P  | art 1, Colur                                | nn (e).)                                |  | \$   |  |
| 4. Total payments made this period. (Add lines 1, 2, and 3.  | . Enter here and o  | n the Sumr                                  | nary Page, Col                          | umn A, Line 6.)  | TOTAL \$   |  |

| Schedule G  |   | Type   | or print in ink.                      |  |  | SCHEDULE G   |
|---|---|--|---------------------------------------|--|--|--|
| Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)   | Amounts may be rounded to whole dollars.  |  |                                       | Statement covers period from   | CALIFOR  | NIA AGO  |
| SEE INSTRUCTIONS ON REVERSE   |   | the state of the state of  |                                       | through  | 13 /   | 13   |
| NAME OF FILER<br>Lodi Residents for Katzakian   | 1   |  |                                       |  | I.D. NUMBER  |  |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR   |   |  |                                       | The Process of the latest of the latest of the process of the process of the latest of | 1  | · · · · · · · · · · · · · · · · · · ·  |
| Strategic Research  |   |  |                                       |  |  |  |
| CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be summer. | MBR member or meetings at OFC office experience of the PHO phone ban POL polling and POS postage, de PRO profession PRT print ads | ommunication<br>and appearance<br>enses<br>culating<br>aks<br>d survey reseatelivery and m<br>all services (le | s<br>ces<br>irch<br>essenger services | RAD radio airtime and product RFD returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodg TSF transfer between commit voter registration WEB information technology of  | ies<br>production cos<br>, and meals<br>ing, and meals<br>tlees of the sar | ne candidate/sponso  |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)   |   | T  | OR DESC                               | RIPTION OF PAYMENT   |  | AMOUNT PAID  |
| Curry Graphics 1D<br>24835 Eichler Street   | D:  |  | Signs                                 |  |  | 3510.97  |
| Hayward CA 94545  |   |  |                                       |  |  | errilly was provided and model folders of the house on recognitive the distinction (the gift the place of the  |
| Patriot Signs 1001 Second Street  | D:  |  | Wires                                 |  |  | 625.00   |
| Dayton KY 41074   |   |  |                                       |  |  | and and the common production of the gay have been all the control of the control |
| Strategic Research 3333 Country Club Blvd.  | D:  |  | Signs supplies and p                  | placement  |  | 837.50   |
| Stockton CA 95204   |   |  |                                       |  |  |  |
| 10  | D:  |  |                                       |  |  |  |
| 10  | D:  |  |                                       |  |  |  |
| Attach additional information on appropriately labeled continua   | ition sheets.   |  |                                       |  | TOTAL* \$  |  |

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.